	FORM 1		ORGANIZATION					
	i Oitivi i		(See instruction	ıs)			Office use only	
1.	NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar	nple: If typying, type the lines	12FE4M5		
L	Linde North A	merica, Inc. Allia	nce for Good Go	/ernme	nt	1-11-11	لللل	لبيب
<u> </u>								لبيب
Ą	DDRESS (number and	street) 575	Mountain Avenue					لبيب
П	(Check if address	يبا ،					للللا	لبيب
П	is changed)	Mur	ray Hill		لببب	NJ	07974	ا-لىيا
	•			CITY		STATE	ZIP C	ODE 📥
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)								
П	(Check if address is changed)	s LNA	AFORGG@LINDE	E.ÇOM				لىبىل
لبينة	<b>3</b> 2 2 7	ــــــ						لسسا
С	OMMITTEE'S WEB	PAGE ADDRESS (L	RL)					
	(Check if address	s						
Ц	is changed)	1 , ,	<del></del>					
					<u> </u>			
2	DATE 11	M ' D D '	2 0 0 9 Y					
3. FEC IDENTIFICATION NUMBER								
	10 THE OTATEL	D	L 00		AMENDED (A)	4		
4.	IS THIS STATEM	MENT X NEV	V (N) OR	L_	AMENDED (A)			
10	certify that I have exam	nined this Statement an	d to the best of my know	vledge an	d belief it is true, correct an	nd complete		
Type or Print Name of Treasurer								
•,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-					
s	ignature of Treasure	Electronically Fil	ed by Gustave J.	Galline	ot	Date 111	23	¥,2009
N	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.							
_	ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS							
	Office Use				For further information of Federal Election Commiss Toll Ergs 800,424,9530		FEC FC	

Toll Free 800-424-9530